



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section. 870528-01

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address State Law Department 132 State Judicial Building 40 Capitol Square Atlanta, GA 30334	Application Number	88-9
Application Number		Date Received MAY 28 1987	Date Completed MAR 21 1988
2. Person to Contact Edna Moore		DONNA 6-3305 Working Title Director, Computer Services Telephone Number 404-656-2704	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Latest 7/1/86 present		5. Records Series Title (followed by title used in office; if different) State Law Department Timekeeping Records	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? Computer Services. Provides word processing and data processing service for the State Law Department.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Printout of timekeeping records for attorneys, paralegals and interns of the State Law Department, considered original records. Included are: File is arranged: By division.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>20</u> ; Seven to twelve months old <u>5</u> ; Thirteen to twenty-four months old <u>?</u> ; twenty-five months and older <u>?</u>			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) <u>1 box each month</u>			

X	a. Is this the official copy of the series? If not, where is it?
X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X	c. Is this a vital record?
X	d. Does this series have historical or long term research value?
	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X	f. Is the information contained in this series ever published? If yes, attach copy.
X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
X	i. Is this series (or a major portion of it) regularly microfilmed?
X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | 6 years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

O.C.G.A. 9-3-24

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other 1 month then,

☒ Hold in the current files area 1 month(s) _____ year(s); then

☒ Transfer to local holding area; hold 1 year(s); then

☒ Transfer to State Records Center; hold 5 year(s); then

☒ Destroy.

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>[Signature]</i>	5/26/87	<i>Donna Strickland</i>	4-9-87
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	3-16-88
		Secretary of State/Designee	3/14/88
		Attorney General/Designee	3/12/88